/	1	FOR LL PHON	E 9-2-82 DEPARTMEN	STATE OF MARYLAN IT OF HEALTH AND ME		21266
19	1-	STATE CIL	MEDICAL EXA		ATE OF DEATH	G. NO.
	I. DE	CEASED NAME FIRST	WIDDLE	LAST	2a. DATE KNOW	N MONTH DAY YEAR 26. HOUR
R & S & H	F	DDIE EDWA	RAY	BUTLE	OF ESTI-	TOO DO DO NO
PLEA	3. SEX		5. DATE OF BIRTH 6. AC		IF UNDER 24 HRS. 2c. DATE HOURS I MIN. PRONOUNCED	MONTH DAY YEAR 26. HOUR
NECESSARY, PLEASE FUNERAL DIRECTOR 5 FOR YOUR FILES. W. WELSTON STREET.	In	TALE WHITE	0 24 86 8	35 YRS. MONTHS DATS	DEAD	08 28,827:05,8
GESS.	7a. B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEV	ER MARRIED 9 BALTIMORE C	ITY OR COUNTY OF DEATH
S W.	10.0	TY OR TOWN OF DEATH	USA	WIDOWED -	DIVORCED CHK	OLINE MD.
21201 IF ANY DELAY IS N AND 3TO THE FI SHOULD BE FILED. I RECORDS, 301 W	P	RESTON MD	11. NAME OF HOSPITAL, NURSING	POR SS	FOR MOST OF WORKING LIFE	
F ANY DEL AND 3 TO RETAIN HOULD BE	USU/	L RESIDENCE (IF IN NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ADMISSION) OWN 13d. INSIDE CIT		VIII VIII VIII VIII VIII VIII VIII VII
F ANY SHOULD SHO	M	IMY AND CA	20 INF PRE	STON YES X	V LIMITS? 13 STREET ADDRESS B	lvd
AD. 2	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER FIR	R'S MAIDEN NAME	LAST 11
FTER DEATH. FTER DEATH. FORM PM FORM P		JOHN KI	imbold BUT	LER ITT	NE NI.	Connolly
BALTIMORE, MD. 2 URS AFTER DEATH WITH FORM PM. 3 WITH FORM PM. 3 PAGES TAND 2 DIVISION OF WAL	(Y	VAS DECEASED EVER IN U.S. AR/ ES, NO. OR UNKNOWN) (IF YES, GIVE Yes WWI	WAR OR DATES) WAR OR DATES) 217-36	5-0707 EV 3		Fe) SAA addresse
HOURS AFTIM HOURS AFTI M 18. GIVE P NG WITH FORMIT. PAGES NE, DIVISION	\vdash		ly ane couse per line for (o), (b), and		7,100,101,001	
		PART I DEATH WAS CAUSE		MONIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N 24 H N 1EM N ITEM N ITEM T PERM YGIENE		4360 mmedia	DUE TO, OR AS A CONSEQU			75/125
WITHIN 24 HC WITHIN 24 HC CIL IN ITEM I INER ALONG MASSI PERMI AL HYGIENE		Conditions, if ony, which gove rise to immediate	GENERALIZA	DWEAKNES	BE (Zenexia	3 Syrs
- Z Z Z Z Z Z Z		cause (a) stating the <u>under</u> - lying cause last.	DUE TO OR AS A CONSEQUENCE CON	VA ASCUD	agneralized de	terista Type
EXECUTED VG" IN PERIOD VG" IN ON, OR RELIGION, OR RELIGION, OR RELIGION, OR RELIGION VG RELIGI		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OF CONDITION		10.010 1 1-3
RECORDS JLD BE EXE PENDING F MEDICA ED AS A BHEALTH AI	NO	Congestur	e Heart F	Silvie		
MAL RECO SHOULD BE DRD "PENDI CHIEF MEIE IE USED AS T OF HEALTI	CERTIFICATION	19a. DATE OF SPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORM	NED?	20. AUTOPSY?
DF VITAL I	TE .					YES NO
IVISION OF V CERTIFICATE TING THE WY TING THE WA 3 SHOULD E DEPARTMEN RICR TO BUS		210 EXTERNAL CAUSE WAS UNDERLYING OR	21b. TIME OF INJURY HOUR A.M. MONTH DAY		OCCURRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2
VISION FERTIFIED TO TO TO TO TO TO TO TO TO TO TO TO TO T	MEDICAL	CONTRIBUTING CAUSE OF I		19 HOME, 21f. LOCATION		
DIVISION OF VI BILL THIS CERTIFICATE S ATE, WRITING THE WO FORWARDED TO THE WO AR. PAGE 3 SHOULD BE WE STATE DEPARTMENT D. 21201 PRIOR TO BURNI D. 21	AE	WHILE AT WORK	STREET, FACTORY, FARM, ETC.	STREET	CUY OR TOWN	COUNTY STATE
PR: THE VORWA			e of the remains described above, he	Id on Autopsy .	Inspection , Inquiry	and in my opinion
EXAMINER: CERTIFICATE DUID BE FOR I, WITH THE S AARYLAND, 2			ol causes Accident	Suicide . Homicio		
EXAA CERT JILD JILD DIRE WITH		Me The	in a Com	TALE (SP	ECIFY	ala ala
RAL MATH.	1	SIGNATURE CHECKLE	me Jens	NO MO. Dep	MEDICAL EXAMINER	SIGNED STAGES
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: BATTEN DEATH, WITH THE S BATTMOORE, MARYLAND, 2	-	EXAMINER'S NAME TOUS	Ian E. JENSEN	MD ADDRESS !	1.0, Box 690, D	Enton MD 21629
EXE PAG TO AFT	23a. Bi	JRIAL, CREMATION, REMOVAL 2	36. DATE 23c. NAME	OF CEMETERY OR CREMATOR	RY 23d. LOCATION	COUNTY STATE
BP		Removal	8/28/82			
DHMH - 17 (VR A15 ME (5))		JNERAL DIRECTOR	ADDRESS	2	AUG 3 1 1982	GISTRAR'S SIGNATURE
30M 7/73	A:	natomy Board	Balto., Md.		7	or while

TAN IL STONE THE SECOND OF THE PARTY OF THE 2-- 14 (A.A.) Brack (B.A.) Line Description of the second The state of the s terry are a second and a second A STATE OF THE STA

- 0/	1				NO STATE DEPARTMENT OF			
1			DIVISION OF	VITAL RECORDS	, 301 W. PRESTON STREET, BA		1 00/	
	CERTIFICATE OF DEATH							
4 ~4		ECEASED-NAME Firs	1	Middle	Last	2o. DATE OF DEATH	2b. HOUR	
er death Funeral T and 2	(Type or print)	7165	w	Clay Lond.	Month	Doy Yeor	
2 2 2	1.5		4. RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.	
s offer the fur ages I is after		1	1. 1.1.1.1	11-	S. DATE OF BIKITI	last birthday)	MONTHS DAYS HOURS MIN	
2 C C C C	1	m 2 6	131	K	3/6/0		RS.	
e level		BIRTHPLACE (State or foreign ntry)	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH		
within 24 hours after death bot lagers. Pages I and withing hours after death		md	NS1	7	WIDOWED DIVORCED	Carolin	R Md.	
5 FIRE	10.	CITY OR TOWN OF DEATH				SUAL OCCUPATION (Kind of work do	ne 12b, KIND OF BUSINESS OR	
制,在10到人	18	veston	give si	reet address)	60 (Home) during	may of working life, even if retired	d.) INDUSTRY	
	130.	USUAL RESIDENCE (Where deced	sed lived, if institution		13c. CITY OR TOWN 13d. INSIDE CI			
comple comple	odm	ission) STATE	13b. COUNTY	aveline	function YES	NO X Back TO	1 180160	
and com remove	34	FATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAIDEN NAM	1400	1 1024	
and come	7	. 1/ /	Middle	01	13. MOTHER'S MAIDEN NAM	riisi miudie	Lost	
icate b sicion please	1/40	WAS DECEASED EVER IN HE AD	HED CODCECO	10470	Mene	4 13	evry	
sici cat	100	. WAS DECEASED EVER IN U.S. AR fes, na, ar unkpown) (If yes give	war or dates of service)	16b. SOCIAL SECURITY	NO. 17. INFORMANT	Address	1	
ATTENDING PHYSICIAN: The low requires that the death certificate be executed etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and compleshauld be detached for use as the burial-transit permit. Then please remove call the State Dept. of Health prior to burial, cremation, or removal, and many event	-	No -		27.01.8	1/8 My VILO	C 34	-on 21665	
8 84 6		18. CAUSE OF DEATH (Enter o	nly one couse per line	e for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
ndin ndi		PART I. DEATH WAS CAUS	ED BY: IATE CAUSE (o)	CVA			10 mm	
attend permit on, or	1	4009	, ,	S ACONSEQUENCE OF	001		70.14.5	
t the		Canditions, if ony, which gove)	/ India	Older Les van de		23 P / 12 To 18 19 19 19 19 19 19 19 19 19 19 19 19 19	
y the	1	rise to immediate couse (a),	OUE TO, OR AS	S A CONSEQUENCE, OF	& GU DIO DEPLUCE			
equires that the dea physician. signed by the atten burial-transit permit burial, cremation, or		stating the underlying couse	(1)	CONSEQUENCE OF				
Jire Jirial Irial			(c)	ING TO DEATH DUT	IOT GELATIO TO THE TENNION DISCUSS OF			
si si ped		PART Z. UTHER SIGNIFICANT CO	MOLLIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE C	RONDITION GIVEN IN PART 1(a)		
ding ding een the	No		(0)	no	were the	tes yelletu	7	
s b d s	A E	190. DATE OF OPERATION 196	CONDITION FOR WHI	CH OPERATION WAS P	ERFORMED 200. AUTOPSY?		SS CONSIDERED IN CERTIFYING	
The aff	CERTIFICATION				YES NO	CAUSES OF DEATH?		
are ate		21a. ACCIDENT WAS UNDERLYI			21c. HOW INJURY OCCURRED (Er	nter nature of injury in Part 1 or Part	2, Item 18.)	
A 語言語	MEDICAL	OR CONTRIBUTING CAUSE OF DEA		Manth Day Year	9			
YSI rasp cer cer chec	A A		PLACE OF INITIRY /	AT HOME, FARM, STREET, FA	ACTORY,) 21f. LOCATION Street or R.F.D.	No. City or Town	Caunty State	
his his Deg		While Nat while of work		OFFICE BUILDING, ETC.		,	33311	
e d d d			nie haenital) atta	ndad the desec	and from 3 10	76, to 8/78	1982 that (I) (we) last	
Aft Aft		220. I certify that (I) (the saw the deceased of	nive on	Deceos	198 and that in (my) (our) o	prinion death occurred on the	19 that (I) (we) last	
R. He		causes stoted obav				prinon death occurred on the	date and noor ond from the	
A de Pariti		22b. SIGNATURE	1	1	1	1 2	2c. DATE SIGNED	
08 3 3 d v d v d v d v		/N	1 ruffer	lovel	DECKEE PHYS.	MED. DIRECTOR D STAFF PHYS.	9/2/82	
L D A L		22d. PHYSICIAN'S	1100		22e. ADDRESS	/ ·	40 40-	
RA be		NAME (Type)	W/	OADL	=	ASTON M	N	
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, creating the state Dept. at Health priar ta burial, creating the state Dept.	230	BURIAL, CREMATION, 23b.	DATE	122, NAME OF	CEMETERY OR CREMATORY	1924 LOCATION (City or Taxan)	15	
oggine dire	230.	REMOVAL (Specify)	1/11/60	- Ma	//	23d. LOCATION (City or Town)	(Caunty) (State)	
5-5	24	FUNERAL DIRECTOR	17186	ADDRESS		DA DECISTRAD	ga ma	
VR A15 (4) 45M - 1/69	24.	TONERAL DIRECTOR	01	ALA AUDRES		BY REGISTRAR	Calvelle	
45M - 1/69	1	Learn H	tico lul	M OSS L	in ma BEP	101982		

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Y		1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARY MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYG		2 REG. NO	1	0	6 8
Φ.	man		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DE	EATH MONTH	DAY	YEAR	26 HOUR
y b	100	_	-	rtle Coulter			8-24				6 P
ge 4 m	W	3. SE	female	Cau.	10-1-99	YEAR	6 AGE (IN YEARS	S LAST BIRTHDAY)	MONTH	DER I YEAR	HOURS MIN
eoth. Po	72 hou		IRTHPLACE (STATE OR FOREIGN OUNTRY) Md.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER	R MARRIED DIVORCED		city or cour	ITY OF E	EATH	
ofter de	100		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Rt 1	G HOME OR OTHER IN		120 USUAL OC	CUPATION OR MOST OF WORKIN		DUSTRY	F BUSINESS OF
ND 2120	and the sale of th	USU 13a	STATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE	CITY LIMITS?	13e STREET ADI	DRESS	17	non	
BALTIMORE, MARYLAND	ampletely and 2 sho	14. F#	ATHER'S NAME FIRST Hayward Edwa	MIDDLE LAST		R'S MAIDEN NAM	ME	AIDDLE	47	LAS	T
rIMORE,	ers. Pages 1 4. The medical		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	-3375 Rebe		ınn	ADDRESS Ridgel	у.	Md.	
.1 W. PRESTON ST., B	by the attending physics remove corbanpolos, cremotion, ar remove rather traumatic event.		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	RUIAL I	card	rcolo	e disea	ne	201	MATE INTERVAL PASET AND DEATH POPIC
TAL RECORDS, 20 The low requires to	te hos been signed sit permit. Then ple giene prior to burio shows only injury, or	CERTIFICATION	HYDERIE	CONDITIONS CONTRIBUTING TO D	OPERATION WAS PERF	CORMED	200 AUTOPS YES N	Y? 20b. IF	YES, WEI RTIFYING YES [RE FINDIN CAUSES	NGS USED OF DEATH?
DIVISION OF VITAL ING PHYSICIAN: The	tter this certificate ss the burial-tronsit h ond Mental Hygie urked ar item 18 sha	MEDICAL CE	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 2)d IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	HOUR A.M. MONTH DA	19 21f LOCAT			E OF INJURY IN ITEM		P PART 2}	STATE
R ATTEND	IRECTOR: Af thed for use a ept. of Healt Item 21 is mo		saw the oceased give a	ital) attended the deceosed from	ond that in (my	y) (our) opinion o	deoth occurred o	the date and I	-	from the	
PITAL by th	NERAL D be detoc e Stote D TANT: If		CHANGE (TYPE C	i Hensei	225 ADDRE	ATTENDING PHYSICIAN ESS				8/2	6/82
O HOS	hould with th		Christian	E. JENSEN	MD KO.	Box	690, 4	rente	nI	ND-	21629

DHMH - 16 50M 1/76

(VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL 8-28-82

236. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Caroline Md.

Greensboro Cemetery Greensbor Greenshoro, Md.

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	1 -	FOR STATE REGISTRAR		DEPAR		ATE OF DEATH		Z . NO.	1 0	0 1
		CEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEAT		DAY YEAR	26 HOUR
oth 3	(TYPE	OR PRINT)	Rosa	A.	Hig	nutt		8 9	82	9:37A. M
pop pop r de	3. SE)	(4 R	ACE	5. DATE OF	BIRTH ,	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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Pog			OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY	? 1		9. BALTIMORE CI		OF DEATH	1
# 「飲鳥」		OUNTRY) Ma	1	1174	WIDOWED	DIVORCED DI	Carol:	ine		MD.
a de	10. C	TY OR TOWN OF	DEATH 11.	NAME OF HOSPITAL, NURS	ING HOME OR		12a. USUAL OCCU			OF BUSINESS OR
1 170		DENT	ON C	(IF NOT IN SUCH FACILITY, GIVE STRE Aroline Nursi:		Inc.	MA	OMB	INDUSTRI	
be the		RESIDENCE (IF		ER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	3d. INSIDE TTY LIMITS?	112. STREET ADDR	ee	1	
filled hould		1119	(1)ARO)	JOVE VE	NTON	YES NO T	WIL	LISTON	V	
ond 2 sl	14 FA	THER'S NAME	TLY MO	ALLEN	1:	A RIZ	ONAMIDO		BERTS	SON
n and co	160 V	VAS DECEASED E		319-07	7-5833	HARLOTT	E ALT	FRI.	DEN.	(TON MO)
sicio persolo ol.		18 CAUSE OF DE	ATH (Enter only o	ne couse per line for (a), (b),	and (c).)		30.007	- 1	APPROX BETWEEN	ONSET AND DEATH
phy proposemov		PART I. DEAT	H WAS CAUSED B'		ROLL	te ant	17/1C(1	.00	ac	ille
ding orbo		4108	2	DUE TO, OP AS A CONSEC	UENCE OF	- 1		1	- Oh	n.11 -
deot otter oum	M	Conditions, if		(b) Arter	orcer	dic cerdi	ovarcula	r alstos	5 01	LOULC
by the ose remons, cremo		gove rise to couse (a), st underlying co	oting the	DUE TO, OR AS A CONSEQ	UENCE OF			1/3		
equires 1 n signed Then ple r to burio injury, or	NOI	PART 2. OTHER S	DUS C	DITIONS CONTRIBUTING TO	RESI	DUAL HE	MINAL DISEASE OF	RES 13	AV4	Hythmia
on. permit. permit. ene prio	CERTIFICATION	19a. DATE OF OPI	RATION	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTIF	WERE FINDI YING CAUSES S	
ysicic consist Mygii	CER	21a. ACCIDENT WAS		216. TIME OF INJURY		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART I OR PART 2)	
ICIAI B ph Bertifi iol-tr intol	AL	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. MONTH P.M.	19					
HYS nding his c bur bur or H	MEDICAL	21d. INJURY OCC		21e. PLACE OF INJURY		THE LOCATION	Effe	DETOWN.	COUNTY	STATE
offer the territory of the territory of the	Σ	AT WORK A	WORK	TAT HOME, STREET, PACTORY, OFFIC	E, PARM, EIC)	~ ~	7 0	10	013	_
ENDIN tol ar OR: Af ruse o ruse o ruse o ruse o			t (1) (this hospital) eased alive on	Sundad Sundecessed from	577 ond	that M (my) Jour) apinior	deoth occurred on t	He date and hou	r ond from the	this (I) (ye) last
ATT ospi ECT ed fo ot. of		Obove PV/w	e (did fidid not) fi	ew the body after death.	A SE	(RED				ESIGNED
ALOR ALDIR detocho ate Der		Chi	estrau	Hense	u M	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN []	8	7/82
O HOSPII TO FUNER should be with the St MPORTAN		CE	JENZ	EN MD		P.O. Box	690,D	ENTON	MD	21629
of of of with the of th	23a (JURIAL, CREMATI	ON, REMOVAL	THE DATE	NAME OF CEA	AETERY OR CREMATORY	ZIÁ LOCATION		coigin	A more
BP	C	KBMAT	DON	AUG 10, 1982KG	perten	lopen Croma	Tay Leure	Sug	set o	Del
HMH-16 30M 2/80 (VRA 15, 4)	1	TOP I	FUL	BRA 100	15 D	12NTON	MUG 131	84 /	ug.	Connied
	/	and c				- T			-	2.4

STATE OF MARYLAND

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marked or Item 18 shows ony

IMPORTANT: If Item 21 is

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	' -	- STATE REGISTRAR		CEI	RTIFICATE	OF DEATH	REG. N	10.			
		CEASED NAME FIRST	MIDDLE		LAST		2a. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	(TYPE	Kat	herine		Johns	son		8	6	82	2:30P.
	3. SE	X	4. RACE	5. D.	ATE OF BIRTH	1	6. AGE (IN YEARS LAST B	IRTHDAY)		ER 1 YEAR	IF UNDER 24 HRS
	٠	+	W	1	FUG	10,1889	92	YRS.	MONTHS	DAYS	HOURS MIN,
35		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	2 MA	ARRIED N	DIVORCED	9 BALTIMORE CITY Caroli		Y OF DI	EATH	WD
10	10. CI	DENTON DEATH	11. NAME OF HOSPI (IF NOT IN SUCH FACIL Caroline	ITY, GIVE STREET ADDRES	(5)		12a USUAL OCCUPA			KIND C	OF BUSINESS OR
35		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RE	ESIDENCE BEFORE ADMIS		SIDE CHY LIMITS?	130. STREET ADORESS	50	<i>t</i> ,		
50	14. FA	HENRY	LAY	HOBB.	15. MC	BRV EZ	ME MIDDLE	K	161	RSI	34
1		WAS DECEASED EVER N U.S. AR YES, NO DRUNNOWN) (IF YES, GIV	MED FORCES 66 S	9-14-45	5) CL	BRENCE	WILL	DZ.	0	EN	FON
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		or (0), (b), and (c).)	- 1	hombe	si			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which		CONSEQUENCE	OF C	esterio d	leroni			2	ian
		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE	OF						
	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS <u>CONTRI</u>	BUTING TO DEATH	H BUT NOT RE	ELATED TO THE TERM	INAL DISEASE OR CO	VDITION G	IVEN IN	PART 1(0,
9	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	FOR WHICH OPER	ATION WAS	PERFORMED	200 AUTOPSY?	IN CERT			NGS USED OF DEATH?
9	EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	(IH	JRY MONTH DAY Y		OW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART 1 OF	R PART 2)	
4	EDI	21d. INJURY OCCURRED	21e. PLACE OF IN	JURY CTORY OFFICE FARM ET		OCATION STREET	CITY OR T	OWN	cc	YINUC	STATE

NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on 19

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

sow the deceased alive on ON ofter death. 226. SIGNATURE

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

REMOVAL

DEGREE

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

23c. NAME OF CEMETERY OR CREMATORY
HOBBS

23d. JOCATION

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR

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IMPORTA

DHMH - 16 50M 1/81 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE TYPE OR PRINT! William Ralph Richardson Sr. Aug. 20 1982 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR Male White Nov. 17 1900 81 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Caroline WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL' NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Federalsburg W. Central Ave Retired Store Manager USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 136 COUNTY 13e STREET ADDRESS 134 INSIDE CITY LIMITS? Maryland Carolina West Central Ave. Federalsburg YES X NOF 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME William Handy FIRST MIDDLE Richardson Dorman Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17. INFORMANT YES, NOOR UNKNOWN (IF YES, GIVE WAR OR DATES) William Richardson Jr. Federalsburg. 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY cardiac failure 0 IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF coronary insufficiency and atherosclerosis Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last generalized atherosclerobis 10 yrs PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Severe chronic obstructive lung disease 20 yrs 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES M 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE FARM, ETC.) AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 1982 saw the deceased alive _, and that in (my) (aur) apinian death accurred an the date and have and from the causes stated id pot) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL CREMATION REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPE Burial CITY OF TOWN Aug. 23,1982 Hillcrest Federalsburg 24 FUNERAL DIRECTOR

STATE OF MARYLAND

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